

---

# Medicare

## Carriers Manual

### Part 3 - Claims Process

---

Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

Transmittal 1761

Date: JULY 31, 2002

CHANGE REQUEST 1853

<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
13424 (Cont.) - 13430.9 (Cont.)	13-230.39 - 13-230.58 (20 pp)	13-230.39 - 13-230.51 (13 pp)

**NEW/REVISED MATERIAL--*EFFECTIVE DATE: REPORTING QUARTER OF  
JANUARY-MARCH 2003 (REPORT DUE APRIL 15, 2003)  
IMPLEMENTATION DATE: JANUARY 1, 2003***

**HCFA PART B SHARED SYSTEMS (HPBS) IS EXEMPT FROM COMPLETING THIS MANUAL INSTRUCTION.**

Section 13430 - Completing Quarterly Report on Provider Enrollment, provides revised instructions to reflect the agency name change from HCFA to CMS.

Section 13430.2 – Checking Reports, is revised to reflect the name change from HCFA to CMS.

Section 13430.3 - Type of Provider, clarifies instructions for reporting workloads by type of provider for group, unknown supplier/provider, and flu immunization biller, and provider type independent physiological laboratory is renamed independent diagnostic testing facility and defined as those providers identified by specialty code 47. In addition, two new provider types are added: "Dietitian/Nutritionist" defined as those providers identified by specialty code 71, and "Interventional Pain Management" defined as those physicians identified by specialty code 72.

Sections 13430.5 - Completing Lines Twelve Through Seventeen - Reason for Denial, is revised to reflect the name change from HCFA to CMS.

Sections 13430.6 - Completing Lines Eighteen Through Twenty-Two - Reason for Return, is revised to reflect the name change from HCFA to CMS.

Section 13430.9 - Exhibits, revises the Carrier Provider Enrollment Quarterly Workload Report screens to reflect the reporting changes described above including the addition of Column 25 for the new specialty code for "Dietitian/Nutritionist" on the appropriate screens.

**These instructions should be implemented within your current operating budget.**

**DISCLAIMER: The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.**

SCREEN 10

PARTICIPATING PHYSICIAN/SUPPLIER REPORT - NSC(DMERCs)

EXPLANATION OF SPECIALTY CODES:

- A0 Hospital
  - A1 Skilled Nursing Facility
  - A2 Intermediate Care Facility
  - A3 Nursing Facility (Other)
  - A4 Home Health Agency
  - A5 Pharmacy
  - A6 Med. Supplier w/Respiratory Therapist
  - A7 Department Store
  - A8 Grocery Stores
- \* Total DMERC Suppliers  
\*\* NSC Unduplicated Total

LINE NO. AND SPECIALTY CODE/ GROUP	Parti cipants			Non- Participa nts		Par Drop-out Current (6)	Non-Par Sign-Up Current (7)	Par Disenrolls (8)
	Prior (1)	Current (2)	Conting. (3)	Prior (4)	Current (5)			
105 A0-SUP								
106 A1-SUP								
107 A2-SUP								
108 A3-SUP								
109 A4-SUP								
110 A5-SUP								
111 A6-SUP								
112 A7-SUP								
113 A8-SUP								
114 A8-SUP*								
115 SUP**								

For further definition of line categories, see § 13422.3.

\*\* This line does not represent a specific specialty code, rather it is the total of the DMERC supplier specialty codes.

\*\* This line does not represent a specific specialty code. It is an unduplicated count of all DMERC suppliers, since individual suppliers can have more than one specialty.

Provider Enrollment Quarterly Workload Report

## 13430. COMPLETING QUARTERLY REPORT ON PROVIDER ENROLLMENT

Each quarter, prepare and submit to **CMS** a report on the number of provider enrollment applications received, processed, and pending during the quarter. Submit this report via the Contractor Reporting of Operational and Workload Data (CROWD) system no later than the fifteenth day following the close of the reporting quarter.

13430.1 Heading.--This report is referenced as Form 4 in the CROWD system. Complete the ADD/UPDATE/DELETE DATA criteria screen with the appropriate information to bring the reporting format to your screen.

13430.2 Checking Reports.--Before submitting Form 4 to **CMS**, check for completeness and arithmetical accuracy. Use the following checklist:

- o For all lines, column 1 must equal the sum of columns 2-25.
- o For all columns, line 1 must equal line 11 from the previous quarter.
- o For all columns, line 3 must equal line 1 plus line 2.
- o For all columns, line 6 must equal line 4 plus line 5.
- o For all columns, line 10 must equal the sum of lines 7-9.
- o For all columns, line 11 must equal line 3 plus line 6 minus line 10.
- o For all columns, the sum of lines 12-17 must equal line 8.
- o For all columns, the sum of lines 18-22 must equal line 9.
- o For all columns, the sum of lines 23-26 must equal line 10.
- o For all columns, line 27 must equal line 34 from the previous quarter.
- o For all columns, line 29 must equal line 27 plus line 28.
- o For all columns, line 33 must equal line 31 plus line 32.
- o For all columns, line 34 must equal line 29 plus line 30 minus line 33.

13430.3 Type of Provider.--Report provider enrollment application data in the following columns for all lines on Form 4.

Column (1) - Total.--The sum of columns 2-25 for each line.

Column (2) - Physician.--Provider applications for specialty codes 1-8, 10-14, 16, 18-20, 22, 24-26, 28-30, 33-41, 44, 46, 48, 66, 72, 76-79, 81-86, 90-94, 98, and 99.

Column (3) - Group.--Provider applications for specialty code 70 or the appropriate group specialty code.

Column (4) - Certified Nurse Midwife.--Provider applications for specialty code 42.

Column (5) - Certified Registered Nurse Anesthetist.--Provider applications for specialty code 43.

Column (6) - Nurse Practitioner.--Provider applications for specialty code 50.

Column (7) - Ambulance Service Supplier.--Provider applications for specialty code 59.

Column (8) - Independent Audiologist.--Provider applications for specialty code 64.

Column (9) - Independent Physical Therapist.--Provider applications for specialty code 65.

Column (10) - Independent Occupational Therapist.--Provider applications for specialty code 67.

Column (11) - Clinical Psychologist.--Provider applications for specialty code 68.

Column (12) - Licensed Clinical Social Worker.--Provider applications for specialty code 80.

Column (13) - Certified Nurse Specialist.--Provider applications for specialty code 89.

Column (14) - Independent Diagnostic Testing Facility.--Provider applications for specialty code 47.

Column (15) - Physician Assistant.--Provider applications for specialty code 97.

Column (16) - Mammography Screening Center.--Provider applications for specialty code 45.

Column (17) - Ambulatory Surgical Center.--Provider applications for specialty code 49.

Column (18) - Public Health/Welfare Agency.--Provider applications for specialty code 60.

Column (19) - Voluntary Health/Charitable Agency.--Provider applications for specialty code 61.

Column (20) - Independent Psychologist.--Provider applications for specialty code 62.

Column (21) - Portable X-Ray.--Provider applications for specialty code 63.

Column (22) - Independent Clinical Laboratory.--Provider applications for specialty code 69.

Column (23) - Unknown Supplier/Provider.--Provider applications for specialty code 88.

Column (24) - Flu Immunization Biller.--Providers applications from individuals identified as flu immunization billers. **Currently, there is no specialty code for this provider type.**

Column (25) - Dietitian/Nutritionist.--Provider applications for specialty code 71.

13430.4 Completing Lines One Through Eleven - Workload Operations.--

Line 1--Pending End of Last Quarter.--The CROWD system will automatically enter the value from line 11 on the previous quarter's report.

Line 2--Adjustments to Pending.--If it is necessary to revise the pending figure for the close of the previous quarter because of inventories taken or reporting errors discovered, enter the adjustment here. Adjustments can be positive or negative values. If entering a negative value, precede the number with a minus (-) sign.

Line 3--Adjusted Opening Pending.--The CROWD system will automatically sum the values on lines 1 and 2.

Line 4--New Applications Received.--Enter the number of applications received for the first time during the reporting quarter.

Line 5--Returned Applications Resubmitted.--Enter the number of applications received during the reporting quarter that had previously been received and returned to the applicant for correction/completion.

Line 6--Total Applications Received.--The CROWD system will automatically sum the values on lines 4 and 5.

Line 7--Applications Approved.--Enter the number of applications approved (i.e., Medicare number issued) during the reporting quarter.

Line 8--Applications Denied.--Enter the number of applications denied during the reporting quarter.

Line 9--Applications Returned.--Enter the number of applications returned to the applicant for corrections/completion during the reporting quarter.

Line 10--Total Applications Processed.--The CROWD system will automatically sum the values on lines 7, 8, and 9.

Line 11--Pending End of Quarter.--The CROWD system will automatically compute the number of applications pending at the end of the reporting quarter by adding the value on line 3 to the value on line 6 and then subtracting the value on line 10.

#### 13430.5 Completing Lines Twelve Through Seventeen - Reason for Denial.--

Line 12--Sanctioned From Medicare.--Enter the number of applications denied because the applicant is currently excluded/sanctioned from Medicare.

Line 13--Debarred/Excluded by Other Federal Agency.--Enter the number of applications denied because the applicant had been debarred, suspended, or excluded by any other Federal agency.

Line 14--Not Professionally Licensed.--Enter the number of applications denied because the applicant was not professionally licensed.

Line 15--Business Address Invalid.--Enter the number of applications denied because the applicant had an invalid business address.

Line 16--Business Location Not Licensed.--Enter the number of applications denied because the applicant's business location was not properly licensed.

Line 17--CMS Requirements Not Met.--Enter the number of applications denied because the applicant did not meet all CMS requirements.

#### 13430.6 Completing Lines Eighteen Through Twenty-Two - Reason for Return.--

Line 18--Incomplete.--Enter the number of applications returned to the applicant because the application was incomplete.

Line 19--Unverifiable Information.--Enter the number of applications returned to the applicant because the application included unverifiable information.

Line 20--Not Signed.--Enter the number of applications returned to the applicant because the applicant did not sign the certification statement.

Line 21--Invalid Billing Agreement.--Enter the number of applications returned to the applicant because the billing agreement did not meet CMS requirements.

Line 22--Other.--Enter the number of applications returned to the applicant for any reason other than the ones indicated on lines 18 through 21.

13430.7 Completing Lines Twenty-Three Through Twenty-Six - Application Processing Times.--

Line 23--Number Under 21 Days.--Enter the number of applications processed in less than 21 days from the date of receipt.

Line 24--Number in 21-30 Days.--Enter the number of applications processed in 21 through 30 days from the date of receipt.

Line 25--Number in 31-40 Days.--Enter the number of applications processed in 31 through 40 days from the date of receipt.

Line 26--Number Over 40 Days.--Enter the number of applications processed in more than 40 days from the date of receipt.

13430.8 Completing Lines Twenty-Seven Through Thirty-Four - Denials Appealed.--

Line 27--Pending End of Last Quarter.--The CROWD system will automatically enter the value from line 34 on the previous quarter's report.

Line 28--Adjustments.--If it is necessary to revise the pending figure for the close of the previous quarter because of inventories taken or reporting errors discovered, enter the adjustment here. Adjustments can be positive or negative values. If entering a negative value, precede the number with a minus (-) sign.

Line 29--Adjusted Opening Pending.--The CROWD system will automatically sum the values on lines 27 and 28.

Line 30--Appeals Received.--Enter the number of appeals of previously denied applications received during the reporting quarter.

Line 31--Denials Sustained.--Enter the number of appeals processed for which you sustained the initial denial.

Line 32--Denials Overturned.--Enter the number of appeals processed for which you overturned the initial denial.

Line 33--Total Appeals Processed.--The CROWD system will automatically sum the values on lines 31 and 32.

Line 34--Pending End of Quarter.---The CROWD system will automatically compute the number of appeals pending at the end of the reporting quarter by adding the value on line 29 to the value on line 30 and then subtracting the value on line 33.

## 13430.9 Exhibits.--

## Exhibit 1 - Screen 1 of Carrier Provider Enrollment Quarterly Workload Report

CARRIER NAME: REPORT PERIOD:		CONTRACTOR NUMBER: CROWD FORM 4			
Workload Operations	Total (1)	Physicia n (2)	Group (3)	Cert Nurse M-W (4)	Cert RNA (5)
1. Pending End of Last Quarter					
2. Adjustments to Pending					
3. Adjusted Opening Pending					
4. New Applications Received					
5. Returned Apps Resubmitted					
6. Total Applications Received					
7. Applications Approved					
8. Applications Denied					
9. Applications Returned					
10. Total Applications Processed					
11. Pending End of Quarter					

SCREEN 1

## Exhibit 2 - Screen 2 of Carrier Provider Enrollment Quarterly Workload Report

CARRIER NAME: REPORT PERIOD:		CONTRACTOR NUMBER: CROWD FORM 4			
Workload Operations	Nurse Prac (6)	Ambu- lance (7)	Ind Audiol- ogist (8)	Ind Phys Ther (9)	Ind Occ Ther (10)
1. Pending End of Last Quarter					
2. Adjustments to Pending					
3. Adjusted Opening Pending					
4. New Applications Received					
5. Returned Apps Resubmitted					
6. Total Applications Received					
7. Applications Approved					
8. Applications Denied					
9. Applications Returned					
10. Total Applications Processed					
11. Pending End of Quarter					

SCREEN 2

## Exhibit 3 - Screen 3 of Carrier Provider Enrollment Quarterly Workload Report

CARRIER NAME: REPORT PERIOD:		CONTRACTOR NUMBER: CROWD FORM 4			
Workload Operations	Ind Clin Psych (11)	Lic Clin SW (12)	Cert Nurse Sp (13)	Ind Diag TF (14)	Phys Asst (15)
1. Pending End of Last Quarter					
2. Adjustments to Pending					
3. Adjusted Opening Pending					
4. New Applications Received					
5. Returned Apps Resubmitted					
6. Total Applications Received					
7. Applications Approved					
8. Applications Denied					
9. Applications Returned					
10. Total Applications Processed					
11. Pending End of Quarter					

SCREEN 3

## Exhibit 4 - Screen 4 of Carrier Provider Enrollment Quarterly Workload Report

CARRIER NAME: REPORT PERIOD:		CONTRACTOR NUMBER: CROWD FORM 4			
Workload Operations	MSC	ASC	PH/W Agency	VH/C Agency	Ind Psych
	(16)	(17)	(18)	(19)	(20)
1. Pending End of Last Quarter					
2. Adjustments to Pending					
3. Adjusted Opening Pending					
4. New Applications Received					
5. Returned Apps Resubmitted					
6. Total Applications Received					
7. Applications Approved					
8. Applications Denied					
9. Applications Returned					
10. Total Applications Processed					
11. Pending End of Quarter					

SCREEN 4

Exhibit 5 - Screen 5 of Carrier Provider Enrollment Quarterly Workload Report

CARRIER NAME: REPORT PERIOD:		CONTRACTOR NUMBER: CROWD FORM 4			
Workload Operations	Port X-Ray (21)	Ind Clin Lab (22)	Unk Supp/ Prov (23)	Flu Imm Biller (24)	Dietitian /Nutri- tionist (25)
1. Pending End of Last Quarter					
2. Adjustments to Pending					
3. Adjusted Opening Pending					
4. New Applications Received					
5. Returned Apps Resubmitted					
6. Total Applications Received					
7. Applications Approved					
8. Applications Denied					
9. Applications Returned					
10. Total Applications Processed					
11. Pending End of Quarter					

SCREEN 5

Exhibit 6 - Screen 6 of Carrier Provider Enrollment Quarterly Workload Report

CARRIER NAME: REPORT PERIOD:		CONTRACTOR NUMBER: CROWD FORM 4			
Workload Operations	Total  (1)	Physicia n  (2)	Group  (3)	Cert Nurse M-W (4)	Cert RNA  (5)
Reason for Denial					
12. Sanctioned from Medicare					
13. Debarred/Excl'd by Other Fed					
14. Not Professionally Licensed					
15. Business Address Invalid					
16. Business Location Not Licens					
17. CMS Requirements Not Met					
Reason for Return					
18. Incomplete					
19. Unverifiable Information					
20. Not Signed					
21. Invalid Billing Agreement					
22. Other					

SCREEN 6

Exhibit 7 - Screen 7 of Carrier Provider Enrollment Quarterly Workload Report

CARRIER NAME: REPORT PERIOD:		CONTRACTOR NUMBER: CROWD FORM 4			
Workload Operations	Nurse Prac (6)	Ambu- lance (7)	Ind Audiol- ogist (8)	Ind Phys Ther (9)	Ind Occ Ther (10)
Reason for Denial					
12. Sanctioned from Medicare					
13. Debarred/Excl'd by Other Fed					
14. Not Professionally Licensed					
15. Business Address Invalid					
16. Business Location Not Licens					
17. CMS Requirements Not Met					
Reason for Return					
18. Incomplete					
19. Unverifiable Information					
20. Not Signed					
21. Invalid Billing Agreement					
22. Other					

SCREEN 7

## Exhibit 8 - Screen 8 of Carrier Provider Enrollment Quarterly Workload Report

CARRIER NAME: REPORT PERIOD:		CONTRACTOR NUMBER: CROWD FORM 4			
Workload Operations	Ind Clin Psych (11)	Lic Clin SW (12)	Cert Nurse Sp (13)	Ind Diag TF (14)	Phys Asst (15)
Reason for Denial					
12. Sanctioned from Medicare					
13. Debarred/Excl'd by Other Fed					
14. Not Professionally Licensed					
15. Business Address Invalid					
16. Business Location Not Licens					
17. CMS Requirements Not Met					
Reason for Return					
18. Incomplete					
19. Unverifiable Information					
20. Not Signed					
21. Invalid Billing Agreement					
22. Other					

SCREEN 8

## Exhibit 9 - Screen 9 of Carrier Provider Enrollment Quarterly Workload Report

CARRIER NAME: REPORT PERIOD:		CONTRACTOR NUMBER: CROWD FORM 4			
Workload Operations	MSC	ASC	PH/W Agency	VH/C Agency	Ind Psych
	(16)	(17)	(18)	(19)	(20)
Reason for Denial					
12. Sanctioned from Medicare					
13. Debarred/Excl'd by Other Fed					
14. Not Professionally Licensed					
15. Business Address Invalid					
16. Business Location Not Licens					
17. CMS Requirements Not Met					
Reason for Return					
18. Incomplete					
19. Unverifiable Information					
20. Not Signed					
21. Invalid Billing Agreement					
22. Other					

SCREEN 9

## Exhibit 10 - Screen 10 of Carrier Provider Enrollment Quarterly Workload Report

CARRIER NAME: REPORT PERIOD:		CONTRACTOR NUMBER: CROWD FORM 4			
Workload Operations	Port X-Ray (21)	Ind Clin Lab (22)	Unk Supp/ Prov (23)	Flu Imm Biller (24)	Dietitian /Nutri- tionist (25)
Reason for Denial					
12. Sanctioned from Medicare					
13. Debarred/Excl'd by Other Fed					
14. Not Professionally Licensed					
15. Business Address Invalid					
16. Business Location Not Licens					
17. CMS Requirements Not Met					
Reason for Return					
18. Incomplete					
19. Unverifiable Information					
20. Not Signed					
21. Invalid Billing Agreement					
22. Other					

SCREEN 10

## Exhibit 11 - Screen 11 of Carrier Provider Enrollment Quarterly Workload Report

CARRIER NAME: REPORT PERIOD:		CONTRACTOR NUMBER: CROWD FORM 4			
Workload Operations	Total (1)	Physicia n (2)	Group (3)	Cert Nurse M-W (4)	Cert RNA (5)
Application Processing Times					
23. Number Under 21 Days					
24. Number in 21-30 Days					
25. Number in 31-40 Days					
26. Number Over 40 Days					
Denials Appealed					
27. Pending End of Last Quarter					
28. Adjustments					
29. Adjusted Opening Pending					
30. Appeals Received					
31. Denials Sustained					
32. Denials Overturned					
33. Total Appeals Processed					
34. Pending End of Quarter					

SCREEN 11

## Exhibit 12 - Screen 12 of Carrier Provider Enrollment Quarterly Workload Report

CARRIER NAME: REPORT PERIOD:		CONTRACTOR NUMBER: CROWD FORM 4			
Workload Operations	Nurse Prac (6)	Ambu- lance (7)	Ind Audiol- ogist (8)	Ind Phys Ther (9)	Ind Occ Ther (10)
Application Processing Times					
23. Number Under 21 Days					
24. Number in 21-30 Days					
25. Number in 31-40 Days					
26. Number Over 40 Days					
Denials Appealed					
27. Pending End of Last Quarter					
28. Adjustments					
29. Adjusted Opening Pending					
30. Appeals Received					
31. Denials Sustained					
32. Denials Overturned					
33. Total Appeals Processed					
34. Pending End of Quarter					

SCREEN 12

Exhibit 13 - Screen 13 of Carrier Provider Enrollment Quarterly Workload Report

CARRIER NAME: REPORT PERIOD:		CONTRACTOR NUMBER: CROWD FORM 4			
Workload Operations	Ind Clin Psych (11)	Lic Clin SW (12)	Cert Nurse Sp (13)	Ind Diag TF (14)	Phys Asst  (15)
Application Processing Times					
23. Number Under 21 Days					
24. Number in 21-30 Days					
25. Number in 31-40 Days					
26. Number Over 40 Days					
Denials Appealed					
27. Pending End of Last Quarter					
28. Adjustments					
29. Adjusted Opening Pending					
30. Appeals Received					
31. Denials Sustained					
32. Denials Overturned					
33. Total Appeals Processed					
34. Pending End of Quarter					

SCREEN 13

## Exhibit 14 - Screen 14 of Carrier Provider Enrollment Quarterly Workload Report

CARRIER NAME: REPORT PERIOD:		CONTRACTOR NUMBER: CROWD FORM 4			
Workload Operations	MSC (16)	ASC (17)	PH/W Agency (18)	VH/C Agency (19)	Ind Psych (20)
Application Processing Times					
23. Number Under 21 Days					
24. Number in 21-30 Days					
25. Number in 31-40 Days					
26. Number Over 40 Days					
Denials Appealed					
27. Pending End of Last Quarter					
28. Adjustments					
29. Adjusted Opening Pending					
30. Appeals Received					
31. Denials Sustained					
32. Denials Overturned					
33. Total Appeals Processed					
34. Pending End of Quarter					

SCREEN 14

Exhibit 15 - Screen 15 of Carrier Provider Enrollment Quarterly Workload Report

CARRIER NAME: REPORT PERIOD:		CONTRACTOR NUMBER: CROWD FORM 4			
Workload Operations	Port X-Ray  (21)	Ind Clin Lab (22)	Unk Supp/ Prov (23)	Flu Imm Biller (24)	Dietitian /Nutri- Tionist  (25)
Application Processing Times					
23. Number Under 21 Days					
24. Number in 21-30 Days					
25. Number in 31-40 Days					
26. Number Over 40 Days					
Denials Appealed					
27. Pending End of Last Quarter					
28. Adjustments					
29. Adjusted Opening Pending					
30. Appeals Received					
31. Denials Sustained					
32. Denials Overturned					
33. Total Appeals Processed					
34. Pending End of Quarter					

SCREEN 15